



CITY OF PITTSBURGH LOBBYIST REGISTRATION FORM

Full Name of Lobbyist: _____

Employer: _____

Position (i.e. partner/owner/manager): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Please List All Companies/Organizations/Interests You Represent:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

There is an annual registration fee of \$100. Payment by check or money order only. All payments are to be made out to "Treasurer, City of Pittsburgh." Please send registration and payment to:

Pittsburgh City Controller's Office, 414 Grant Street, Pittsburgh PA 15219

I have reviewed, and I understand all of the requirements of § 161.37 of the Pittsburgh City Code. Also, I swear or affirm that the above information is true to the best of my knowledge.

Signature

Print Name

Date